

1. ☒ Petitioner (s) are eligible to file this petition pursuant to 11 U.S.C. § 303 (b).
2. ☒ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.
- 3.a. ☒ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount;  
or  
b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a trustee receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

B 5 (Official Form 5) (12/07) – Page 2

Name of Debtor Abbington Partners, LLC

Case No. \_\_\_\_\_

TRANSFER OF CLAIM			
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).			
REQUEST FOR RELIEF			
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.			
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.			
x <u>YLC</u> Member Signature of Petitioner or Representative (State title) <u>Powers &amp; Merchant PLLC</u> <u>6/4/2015</u> Name of Petitioner Date Signed	x _____ Date Signature of Attorney <u>Tal M. Unrad, Burns &amp; Levinson LLP</u> Name of Attorney Firm (If any) <u>125 Summer Street, Boston, MA 02110</u> Address <u>(617) 345-3000</u> Telephone No.		
Name & Mailing Address of Individual Signing in Representative Capacity <u>Frank Iacono</u> <u>6 Donald Court West</u> <u>Blue Point, NY 11715</u>			
x <u>YLC</u> Manager Signature of Petitioner or Representative (State title) <u>South Haven Financial LLC</u> <u>6/4/2015</u> Name of Petitioner Date Signed	x _____ Date Signature of Attorney <u>Tal M. Unrad, Burns &amp; Levinson LLP</u> Name of Attorney Firm (If any) <u>125 Summer Street, Boston, MA 02110</u> Address <u>(617) 345-3000</u> Telephone No.		
Name & Mailing Address of Individual Signing in Representative Capacity <u>Frank Iacono</u> <u>6 Donald Court West</u> <u>Blue Point, NY 11715</u>			
x <u>YLC</u> Signature of Petitioner or Representative (State title) <u>Frank Iacono</u> <u>6/4/2015</u> Name of Petitioner Date Signed	x _____ Date Signature of Attorney <u>Pro Se</u> Name of Attorney Firm (If any)  Address <u>(917) 685-0537</u> Telephone No.		
Name & Mailing Address of Individual Signing in Representative Capacity <u>6 Donald Court West</u> <u>Blue Point, NY 11715</u>			
PETITIONING CREDITORS			
Name and Address of Petitioner	Powers & Merchant, PLLC 1400 E Southern Ave. # 620 Tempe, AZ 85282	Nature of Claim Judgment for Breach of Contract	Amount of Claim \$321,542
Name and Address of Petitioner	South Haven Financial LLC 101 Main Street, 14th Floor Cambridge, MA 02142	Nature of Claim Judgment for Non Payment of Promissory Note	Amount of Claim \$99,832
Name and Address of Petitioner	Frank Iacono 6 Donald Court West Blue Point, NY 11715	Nature of Claim Judgment for Fraud	Amount of Claim \$247,714
Note:	If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims

B 5 (Official Form 5) (12/07) - Page 3

Name of Debtor Abbingdon Partners, LLC

Case No. \_\_\_\_\_

TRANSFER OF CLAIM			
<input type="checkbox"/> Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents that evidence the transfer and any statements that are required under Bankruptcy Rule 1003(a).			
REQUEST FOR RELIEF			
Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.			
Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.			
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>Stamatis Astras</u> Name of Petitioner: _____ Date Signed: <u>5/27/2015</u> <hr/> Name & Mailing Address of Individual: _____ Signing in Representative: <u>Stamatis Astras</u> Capacity: <u>255 Beacon Street</u> <u>Boston, MA 02116</u>	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ <u>Pro Se</u> Name of Attorney Firm (If any) _____ <hr/> Address _____ <hr/> Telephone No. _____		
<input checked="" type="checkbox"/> Signature of Petitioner or Representative (State title) <u>DAVID J. BYER</u> Name of Petitioner: _____ Date Signed: <u>05/19/2015</u> <hr/> Name & Mailing Address of Individual: _____ Signing in Representative: <u>David J. Byer</u> Capacity: <u>66 Gosport Rd.</u> <u>Portsmouth, NH 03801</u>	<input checked="" type="checkbox"/> Signature of Attorney _____ Date _____ <u>Pro Se</u> Name of Attorney Firm (If any) _____ <hr/> Address _____ <hr/> Telephone No. _____		
<input type="checkbox"/> Signature of Petitioner or Representative (State title) Name of Petitioner: _____ Date Signed: _____ <hr/> Name & Mailing Address of Individual: _____ Signing in Representative: _____ Capacity: _____	<input type="checkbox"/> Signature of Attorney _____ Date _____ Name of Attorney Firm (If any) _____ <hr/> Address _____ <hr/> Telephone No. _____		
PETITIONING CREDITORS			
Name and Address of Petitioner <u>Stamatis Astras</u> <u>255 Beacon Street</u> <u>Boston, MA 02116</u>	Nature of Claim <u>Judgment for Non Payment of Rent</u>	Amount of Claim <u>\$6,139</u>	
Name and Address of Petitioner <u>David J. Byer</u> <u>66 Gosport Rd.</u> <u>Portsmouth, NH 03801</u>	Nature of Claim <u>Judgment for Breach of Contract</u>	Amount of Claim <u>\$3,567</u>	
Name and Address of Petitioner _____	Nature of Claim _____	Amount of Claim _____	
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.			Total Amount of Petitioners' Claims <u>\$678,794</u>

\_\_\_\_\_ continuation sheets attached